Fill	in this inf <u>o</u> r	mation to identify yo	ur case:					
	otor 1	Nicole A Will				Ch	eck if this is:	011D 111E-11=
l	otor 2 ouse, if filing)							2ND AMENDED wing postpetition chapter the following date:
Unit	ed States Ba	ankruptcy Court for the:	EASTE	RN DISTRICT OF PENNS	SYLVANIA		09/17/2019 MM / DD / YYYY	
	e number	19-10215						
l	nown)	19-10213						
Of	fficial F	Form 106J						
		le J: Your E						12/15
info	ormation. I		eded, atta	. If two married people and the control of the cont				
Par		scribe Your House	hold					
1.	■ No. G	joint case? o to line 2. Ooes Debtor 2 live i	n a senar	ate household?				
		] No		ial Form 106J-2, <i>Expenses</i>	s for Separate Housel	hold of De	ebtor 2.	
2.	Do you h	ave dependents?	□ No					
	Do not lis Debtor 2.	t Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not sta				DALIGUTED		47	□ No
	depender	nts names.			DAUGHTER			■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	expense	expenses include s of people other th and your depender	nan _	No Yes				1 163
Est exp app	imate your enses as o blicable da lude exper	of a date after the b te. nses paid for with n	our bankr bankrupto non-cash	uptcy filing date unless y cy is filed. If this is a supp government assistance i	olemental <i>Schedule</i> f you know	orm as a s J, check	supplement in a Ch the box at the top o	apter 13 case to report of the form and fill in the
	value of s ficial Form		nave ind	cluded it on <i>Schedule I:</i> \	rour income		Your exp	enses
4.		al or home owners! and any rent for the		nses for your residence. I or lot.	nclude first mortgage	4.	\$	855.00
	If not inc	luded in line 4:						
		al estate taxes				4a.	· ·	0.00
		perty, homeowner's				4b.	·	0.00
		me maintenance, re <sub>l</sub> meowner's associati				4c. 4d.	·	0.00
5.				oommum dues <b>our residence,</b> such as ho	me equity loans	4a. 5.	·	0.00

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Debtor 1	Nicole A	Williams	Case number	(if known)	19-10215					
2 114:11	ition									
6. <b>Util</b> i 6a.	ities:	heat, natural gas	6a. \$		325.00					
6b.		<del>_</del>	6b. \$	-						
		wer, garbage collection	- · · ·		75.00					
6c.	•	e, cell phone, Internet, satellite, and cable services	6c. \$		350.00					
6d.	Other. Spe		6d. \$		0.00					
. Foo	d and hous	ekeeping supplies	7. \$		510.00					
. Chi	ldcare and c	children's education costs	8. \$		0.00					
. Clo	thing, laund	ry, and dry cleaning	9. \$		175.00					
0. Per	sonal care p	products and services	10. \$		125.00					
1. Med	dical and de	ntal expenses	11. \$		60.00					
2. <b>Tra</b> i	nsportation.	Include gas, maintenance, bus or train fare.								
Doı	not include c	ar payments.	12. \$		135.00					
3. <b>Ent</b>	ertainment,	clubs, recreation, newspapers, magazines, and books	13. \$		115.00					
4. Cha	ritable cont	ributions and religious donations	14. \$		45.00					
5. <b>Ins</b> ı	urance.	•								
		surance deducted from your pay or included in lines 4 or 20								
	. Life insura		15a. \$		0.00					
15b	. Health ins	urance	15b. \$		0.00					
	. Vehicle in:		15c. \$		307.00					
		rance. Specify:	15d. \$		0.00					
		iclude taxes deducted from your pay or included in lines 4 or			0.00					
_	es. Do not in ecify:	iolade lanes deducted from your pay of included in lines 4 of	16. \$		0.00					
		ease payments:								
		ents for Vehicle 1	17a. \$		550.00					
		ents for Vehicle 2	17b. \$		0.00					
	. Other. Spe		17c. \$		0.00					
	. Other. Spe		17d. \$		0.00					
		of alimony, maintenance, and support that you did not r		-	0.00					
		your pay on line 5, Schedule I, Your Income (Official For			0.00					
		s you make to support others who do not live with you.	\$		0.00					
	cify:		19.							
	· —	erty expenses not included in lines 4 or 5 of this form or		Income.						
		s on other property	20a. \$		0.00					
	. Real estat		20b. \$		0.00					
		homeowner's, or renter's insurance	20c. \$		0.00					
		nce, repair, and upkeep expenses	20d. \$		0.00					
		er's association or condominium dues	20d. \$							
		er's association or condominium dues			0.00					
I. Oth	er: Specify:		21+\$	<u> </u>	0.00					
2. Cal	culate your	monthly expenses								
	. Add lines 4			\$	3,627.00					
		2 (monthly expenses for Debtor 2), if any, from Official Form		\$	<u> </u>					
				·	2 627 00					
ZZC.	. Add ilne 22	a and 22b. The result is your monthly expenses.		\$	3,627.00					
3. <b>Cal</b>	culate your	monthly net income.								
		12 (your combined monthly income) from Schedule I.	23a. \$		4,145.50					
		monthly expenses from line 22c above.	23b\$		3,627.00					
	.,,,	- •	_							
23c		our monthly expenses from your monthly income.			E40 E0					
		is your monthly net income.	23c. \$		518.50					
4		nu increase ou decrease in verm commune with the the com-	u aftau van fila this fa	O						
	Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a									
		terms of your mortgage?	Apool your mongage pays	to IIIcle	acc or accrease because of a					
■ N		,								
		Family's basis								
	res.	Explain here:								